PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | |
|--|--|--------------------------|-------------|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 03991/000J6 | 78-US0 | |
| | | Filed Augus | at 8, 2001 | |
| Application Number 0 | 9/913,419 | Filed Augus | st 8, 2001 | |
| For CYTOKINE-BINDING DOMAIN | | | | |
| Art Unit 1646 | | Examiner P. | M. Mertz | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | , | Small Entity Fee | , | |
| One month (37 CFR 1.17(a)(1 | <u>Fee</u>)) \$120 | \$60 | \$ | |
| Two months (37 CFR 1.17(a)(| (2)) \$450 | \$225 | \$ | |
| Three months (37 CFR 1.17(a | a)(3)) \$1020 | \$510 | \$ | |
| Four months (37 CFR 1.17(a) | (4)) \$1590 | \$795 | \$ | |
| X Five months (37 CFR 1.17(a)(| (5)) \$2160 | \$1080 | \$ 2,160.00 | |
| Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | | |
| am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of | record. Registration Number | r <u>35,135</u> | | |
| attorney or agent un | nder 37 CFR 1.34. r if acting under 37 CFR 1.34 | | | |
| Haul - Fellone Signature | <u> </u> | -33 March Date | 2005 | |
| • | Ph D | (212) 527- | 7665 | |
| Paul F. Fehlner, Ph.D. Typed or printed name | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of 1 form | ns are submitted. | | | |

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MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| on | March 30, 2005 | |
|------|----------------|--|
| Date | | |

| Allian Garcia | | | | |
|---|--|--|--|--|
| Typed or printed name of person signing Certificate | | | | |
| Regi | stration Number, if applicable | Telephone Number | | |
| Note: | Each paper must have its own certificate of meach submitted paper. | nailing, or this certificate must identify | | |
| | Petition For 5 Month Extension of Time Amendment Transmittal Letter Response to Restriction Requirement of | September 30, 2004 (12pp) | | |
| | Check No. 817 Return Postcard Receipt | for \$2,160.00 | | |